

(b)(6)



(b)(6)



**CLAIM FOR DAMAGE,  
INJURY OR DEATH  
RESULTING FROM GOLD  
KING MINE INCIDENT**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requesting on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

[APPROVED BY NAVAJO  
NATION DEPT. OF JUSTICE]<sup>1</sup>

1. Submit to:

Richard Feldman  
Claims Officer  
U.S. EPA Office of General Counsel  
1200 Pennsylvania Avenue, NW (MC 2399A)  
Washington, DC 20460

2. Name, address of claimant, and claimant's personal representative if any (See instructions on reverse). Number, Street, City, State, and Zip Code

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6. DATE AND DAY OF  
ACCIDENT

8/5/15

7. TIME (AM OR PM)

10:00am

8. Briefly describe in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

8/8/15 Received New about San Juan River Contamination @ 13:30pm. I stop everything I was doing, I started getting getting camping equipment, my ATV ready for gathering up livestock in Private Farms. If it's wasn't for EPA mistake, I wouldn't be doing all this its a Set back for my family

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

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BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instruction on reverse side).

Damage of livestock water, vegetation, along San Juan River Removal of livestock, cattles etc, will take time, because livestock are use to the area.

10. PERSONAL INJURY/WRONGFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

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alot stress, emotional, over work in hot weather, Sunburn, thirsty, hungry, insect bite, getting scratches from all the over growth of bushes along the river. Stress, damage to ATV, broken atv axle, fuel pump damage, damage ATV tires etc

11. WITNESS

(b)(6)

ADDRESS (Number, Street, City, State, and Zip Code)

(b)(6)

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE AMOUNT OF THE CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE. I HEREBY EXPRESSLY RESERVE MY RIGHT TO FILE SUPPLEMENTAL CLAIMS FOR DAMAGES AND INJURIES IN THE EVENT OF ANY FUTURE DISCOVERY OR ASSESSMENT OF ADDITIONAL DAMAGES OR INJURIES CAUSED BY THE INCIDENT ABOVE.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

(b)(6)

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

2/2/16

<sup>1</sup> This form was drafted by the Navajo Nation Department of Justice in an effort to communicate that the claimant is not waiving future rights. There is no guarantee that any United States agency will accept this form or grant the claim stated on this form. This form does not offer or purport to offer legal advice. Claimants should decide for themselves whether to use this form, the Standard Form 95 provided by the United States Department of Justice, or any other form, and may wish to consult with their own attorney prior to doing so.

### INSURANCE COVERAGE

15. Do you carry accident insurance? ☐ If yes, give name and address of insurance company (Number, Street, City, State and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability damage insurance? ☐ Yes ☒ No If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code).

### INSTRUCTIONS

Claims presented under the Federal Tort Claims Act with respect to the release from the Gold King Mine should be submitted directly to the USEPA. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items – Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN USEPA RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, THIS EXECUTED FORM OR ANY SUPPLEMENT THERETO, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY

REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE USEPA WITHIN **TWO YEARS** AFTER THE DISCOVERY OF DAMAGES FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of this claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.



## Daily Log - Emergency/Permanent Work

DISASTER: To Kitsa  
(Gold King Mine)

PW# \_\_\_\_\_

DATE: Aug 8, 2015SCOPE OF WORK: Removal of Livestock from San Juan River PROJECT SITE: Private Farms (San Juan River),  
Private Farms.

## LABOR

Contact Person/Phone: \_\_\_\_\_

NAME AND POSITION TITLE (b)(6)		HOURS		RATE		TOTAL
		Regular	Overtime	Regular	Overtime	
	<u>Wrangler</u>					
	<u>8/7/15</u>	<u>5.0</u>	<u>6.5</u>			
	<u>8/8</u>	<u>—</u>	<u>16.0</u>			
	<u>8/9</u>	<u>—</u>	<u>16.75</u>			
	<u>8/10</u>	<u>8.0</u>	<u>5.0</u>			
	<u>8/11</u>	<u>8.0</u>	<u>3.5</u>			
	<u>8/12</u>	<u>8.0</u>	<u>3.0</u>			
	<u>8/13</u>	<u>8.0</u>	<u>4.0</u>			
	<u>8/14</u>	<u>8.0</u>	<u>4.0</u>			
	<u>8/15</u>	<u>—</u>	<u>12.0</u>			
					TOTAL	\$ -

## EQUIPMENT

(Please use the current FEMA Schedule of Equipment Rates)

EQUIPMENT DESCRIPTION (Include CY capacity or HP)	FEMA COST CODE	HOURS or MILES	EQUIP RATE	TOTAL
	<u>8261</u>			
	<u>8781</u>			
	<u>8801</u>			
<u>ATV tires damage 2 = 120<sup>00</sup> each</u>		<u>30mi@day = 270mils</u>	<u>240.00</u>	
<u>ATV gas - 200<sup>00</sup> @ WK - 2.98 a gal.</u>			<u>200.00</u>	
			TOTAL	\$ -

## MATERIAL

Contact Person/Phone: \_\_\_\_\_

ITEM	NARRATIVE	QUANTITY	UNIT (TN, SF, CY)	UNIT PRICE	TOTAL
<u>Food / Lunch, Dinner</u>		<u>450.00</u>		<u>450.00</u>	
<u>breakfast</u>					
					\$ -

SUPERVISOR SIGNATURE/TITLE

Wrangler  
(b)(6)2/2/16

DAILY TOTAL

## Daily Log - Emergency/Permanent Work

ISASTER: (Gold King Mine)

PW#

DATE: 8/16/2015

SCOPE OF WORK: Removal of Livestock from San Juan River PROJECT SITE: Pinate Farms (San Juan River)

LABOR		Contact Person/Phone:				
NAME AND POSITION TITLE		HOURS		RATE		TOTAL
		Regular	Overtime	Regular	Overtime	
(b)(6)	8/16	—	12.0			
	8/17	8.0	3.0			
	8/18	8.0	3.0			
	8/19	8.0	3.5			
	8/20	8.0	3.0			
	8/21	8.0	3.0			
	8/22	—	12.0			
	8/23	—	12.0			
	8/24	8.0	3.0			
	8				TOTAL	\$ -

EQUIPMENT		(Please use the current FEMA Schedule of Equipment Rates)		
EQUIPMENT DESCRIPTION (Include CY capacity or HP)	FEMA COST CODE	HOURS or MILES	EQUIP RATE	TOTAL
	8261			
	8781			
	8801			
ATV gas 200 <sup>00</sup> WK \$2.98 @ gal.		30mi @ day = 270. <sup>00</sup>	200 <sup>00</sup> @WK.	
			TOTAL	\$ -

[illegible]

(b)(6)

PERVISOR SIGNATURE/TITLE

2/2/14

DAILY TOTAL



## Daily Log - Emergency/Permanent Work

ISASTER: To Kitso  
(Gold King Mine)

PW# \_\_\_\_\_

DATE: Aug 25, 2015

SCOPE OF WORK: Removal of Cattles away from San Juan River PROJECT SITE: Puate Farms Upland  
Herding Cattles, other livestock

LABOR		Contact Person/Phone:				
NAME AND POSITION TITLE		HOURS		RATE		TOTAL
		Regular	Overtime	Regular	Overtime	
(b)(6)	8/25	—	12.0			
	8/26		12.0			
	8/27	8.0	—			
	8/28	8.0	—			
	8/29	8.0	—			
	8/30	8.0	—			
					TOTAL	\$ —

EQUIPMENT (Please use the current FEMA Schedule of Equipment Rates)				
EQUIPMENT DESCRIPTION (Include CY capacity or HP)	FEMA COST CODE	HOURS or MILES	EQUIP RATE	TOTAL
	8261			
	8781			
	8801			
hauling water w/coworker				
gas receipt attached.				
			TOTAL	\$ -

[illegible]

PERVISOR SIGNATURE/TITLE

**DAILY TOTAL**

# Mesa Verde Motorsports, Inc.

2120 South Broadway  
Cortez, CO 81321  
970-565-9322

## Invoice

Ticket Number: 67673

Salesperson: Chris

Cashier: Chris

Date: 8/19/2015

Sold To:

(b)(6)

### Line Item Breakdown

Sold	S/O	Lay	P/U	Part Number	Src	Cat	Description	Price	Sold Now	Special Bin
2				560430	LA	HPA	24-8-12 ITP MUD LITE AT	\$105.54	\$211.08	\$0.00
2				56A328	LA	HPA	24-10-11 ITP MUD LITE	\$118.03	\$236.06	\$0.00
	1			16430-HP6-A01	HO	HPH	VALVE SET	\$61.58	\$0.00	\$61.58

### Tax Detail Breakdown

Sold Now/Pickup Special Order/Layaway

SALES TAX 6.95 % \$31.08 \$4.28

Total Taxes: \$31.08 \$4.28

### Summary

Subtotal	\$447.14	\$61.58
Taxable Subtotal	\$447.14	\$61.58
Sales Tax	\$31.08	\$4.28
Invoice Total	\$478.22	\$65.86
Amount To Collect Now	\$478.22	\$65.86
Total Amount Due		\$544.08
Cash		\$550.00
Cash		(\$5.92)

THANK YOU FOR YOUR BUSINESS!

100% Deposit Required for Special Orders.  
Parts Not Picked Up Will Be Returned After 60 Days With No Refund.  
No Returns After 7 Days. 20% Restocking Charge.  
No Returns on Electrical Parts or Batteries!

# Mesa Verde Motorsports, Inc.

2120 South Broadway  
Cortez, CO 81321  
970-565-9322

## Part Quote

(b)(6)

Sold	S/O	Lay	P/U	PartNumber	2nd Part #	Src	Cat	Description	Extended	Bin
	1			16450-HP5-603		HO	HPH	INJECTOR ASSY., FUEL	\$50.52	

Sub-Total	\$50.52
Taxable Subtotal	\$50.52
Sales Tax	\$3.52
Quote Total	\$54.04



# Mesa Verde Motorsports, Inc.

2120 South Broadway  
Cortez, CO 81321  
970-565-9322

## Invoice

Ticket Number: 68919

Salesperson: Andy

Cashier: Christina

Date: 12/18/2015

Sold To:

(b)(6)

Tracking #:

### Line Item Breakdown

<u>Sold</u>	<u>S/O</u>	<u>Lay</u>	<u>P/U</u>	<u>Part Number</u>	<u>Src</u>	<u>Cat</u>	<u>Description</u>	<u>Price</u>	<u>Sold Now</u>	<u>Bin</u>
				1 16700-HP5-602	HO	HPH	PUMP ASSY., FUEL	\$135.64	\$135.64	

### Tax Detail Breakdown

	<u>Sold Now /Pickup</u>	<u>Special Order/Layaway</u>
SALES TAX 6.95 %	\$9.42	
Total Taxes:	\$9.42	\$0.00

### Summary

Subtotal	\$135.64
Taxable Subtotal	\$135.64
Sales Tax	\$9.42
Invoice Total	\$145.06
Amount Applied to this Invoice	\$145.06
<b>Total Amount Due</b>	<b>\$0.00</b>

THANK YOU FOR YOUR BUSINESS!

100% Deposit Required for Special Orders.  
Parts Not Picked Up Will Be Returned After 60 Days With No Refund.  
No Returns After 7 Days. 20% Restocking Charge.  
No Returns on Electrical Parts or Batteries!

**CLAIM FOR DAMAGE,  
INJURY OR DEATH  
RESULTING FROM GOLD  
KING MINE INCIDENT**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requesting on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

[APPROVED BY NAVAJO  
NATION DEPT. OF JUSTICE]<sup>1</sup>

1. Submit to: Richard Feldman Claims Officer U.S. EPA Office of General Counsel 1200 Pennsylvania Avenue, NW (MC 2399A) Washington, DC 20460		2. Name, address of claimant, and claimant's personal representative if any (See instructions on reverse side). (b)(6)						
3. TYPE OF EMPLOYMENT (b)(6)	4. DATE OF BIRTH (b)(6)	5. MARITAL STATUS (b)(6)	6. DATE AND DAY OF ACCIDENT 8/7/15	7. TIME (AM OR PM) 12:45				
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). <i>Gold King mine released 1 million gallons of Contaminated water into Animas River, contaminated going down San Juan River to Pinate Farms area within 2-3 days.</i>								
9. PROPERTY DAMAGE (b)(6)								
10. PERSONAL INJURY/WRONGFUL DEATH STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. <i>Client feeling Stressed all of sudden notice of River, Contamination. Stressing, because removal of live stocks and too hot to remove small calves from Terrained area, and too little time to remove Cattles from area w/ other live stock</i> <i>I had alot to do, at one time, making camp, hauling water gathering up Cattles and other livestock along the river, (110) hot weather, insect bites, feeling dehydrated, hunger. Small of moving Cattles in hot weather and alot wear in tear on my ATV iside, Slowdown and speeding up</i>								
11. WITNESS <table style="width:100%;"> <tr> <td style="width:40%;">NAME</td> <td style="width:60%;">ADDRESS (Number, Street, City, State, and Zip Code)</td> </tr> <tr> <td>(b)(6)</td> <td>(b)(6)</td> </tr> </table>					NAME	ADDRESS (Number, Street, City, State, and Zip Code)	(b)(6)	(b)(6)
NAME	ADDRESS (Number, Street, City, State, and Zip Code)							
(b)(6)	(b)(6)							
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)								
12a. PROPERTY DAMAGE 5,000 <sup>00</sup>	12b. PERSONAL INJURY 10,000 <sup>00</sup>	12c. WRONGFUL DEATH —	12d. TOTAL (Failure to specify may cause forfeiture of your rights). 24,196 <sup>00</sup>					
I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE AMOUNT OF THE CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE. I HEREBY EXPRESSLY RESERVE MY RIGHT TO FILE SUPPLEMENTAL CLAIMS FOR DAMAGES AND INJURIES IN THE EVENT OF ANY FUTURE DISCOVERY OR ASSESSMENT OF ADDITIONAL DAMAGES OR INJURIES CAUSED BY THE INCIDENT ABOVE.								
13a. SIGNATURE OF CLAIMANT (See instruction on reverse side). (b)(6)		13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE April 1, 2016				

<sup>1</sup> This form was drafted by the Navajo Nation Department of Justice in an effort to communicate that the claimant is not waiving future rights. There is no guarantee that any United States agency will accept this form or grant the claim stated on this form. This form does not offer or purport to offer legal advice. Claimants should decide for themselves whether to use this form, the Standard Form 95 provided by the United States Department of Justice, or any other form, and may wish to consult with their own attorney prior to doing so.

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15. Do you carry accident insurance? ☐ If yes, give name and address of insurance company (Number, Street, City, State and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ NO

#### INSTRUCTIONS

Claims presented under the Federal Tort Claims Act with respect to the release from the Gold King Mine should be submitted directly to the USEPA. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items – Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN USEPA RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, THIS EXECUTED FORM OR ANY SUPPLEMENT THERETO, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY

REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE USEPA WITHIN **TWO YEARS** AFTER THE DISCOVERY OF DAMAGES FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency not when it is mailed.**

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**PAGE 2**

DATE: 08/07/2015

PROJECT SITE: Puate Farms circa

Contact Person/Phone:

## EQUIPMENT

(Please use the current FEMA Schedule of Equipment Rates)

MATERIAL

Contact Person/Phone:

(USOR SIGNATURE/TITLE)

ΔΑΙΥΤΟΤΑΙ

Back-

## Daily Log - Emergency/Permanent Work

ASTER: (Gold King Mine)

PW#

DATE: Aug 16, 2015

PE OF WORK: Keep livestock away from San Juan  
in Private Farms area. River

PROJECT SITE: Piccate Farms-San Juan River

LABOR		Contact Person/Phone:					
DATE AND POSITION TITLE	Wrangler Labor	HOURS		RATE		Regular	TOTAL OT
		Regular	Overtime	18.00 Regular	38.00 Overtime		
(b)(6)	8/16	—	07-20:30	—	13.5		513.00
	8/17	08-17pm	17-20pm	8.0	3.0	144.-	114.-
	8/18	08-17pm	17-20pm	8.0	3.0	144.-	114.-
	8/19	08-17pm	17-20:30	8.0	3.5	144.-	133.-
	8/20	08-17pm	17-20pm	8.0	3.0	144.-	114
	8/21	08-17pm	17-20pm	8.0	3.0	144.-	114
	8/22	—	08-20pm	—	12.0	—	456.00
	8/23	—	08-20pm	—	12.0	—	456.00
	8/24	08-1700	17:-20pm	8.0	3.0	144.-	114.-
		864.00	2158.00		TOTAL	\$ 864.00	2,158 -
EQUIPMENT (Please use the current FEMA Schedule of Equipment Rates)							3022.00

[illegible][illegible]